MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FO___ WITH FORM PTO-875)

SERIAL NO. 10/816980   FILING DATE
APPLIC___

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
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15							65						
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17							67						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	⇓		⇓		⇓	TOTAL IND.		⇓		⇓		⇓
TOTAL DEP.	34	⇐		⇐		⇐	TOTAL DEP.		⇐		⇐		⇐
TOTAL CLAIMS	37						TOTAL CLAIMS						

PTO-___